

J.P. MCCASKEY HIGH SCHOOL CAMPUS

FIELD TRIP AND/OR OUT OF SCHOOL PERMISSION FORM

FIELD TRIP INFORMATION	STUDENT & ATTENDANCE INFORMATION
Destination: Blue Mountain Ski Area	Student Name: _____
Date of Trip: February 11, 2015	ID#: _____ HR _____ SLC _____
Purpose Introduce students to healthy winter activities	Unexcused absences and tardies will prevent you from attending Field Trips.
COST: Varies due to different packages.	ATTENDANCE VERIFICATION
Advisor's Signature: Deardorff, Forster, Forster, Hangen, Wende	Unexcused Absences: _____XXXXXX_____
Return by: February 3rd 2015	Unexcused Tardies: _____XXXXXX_____
	Attendance Officer/: _____XXXXXX_____
	SLC Secretary

NOTE TO ADVISOR: *Please forward a class list to the attendance office the day before the trip. Copies of the health and permission forms and class list must be on file with the building secretary prior to the trip.*

STUDENT STATEMENT

I will assume full responsibility for all school work that I have missed while on the above field trip. I will also be prepared for any test or quiz that may take place upon my return to school.

(Student Signature) (Date)

PARENT/GUARDIAN PERMISSION

As the parent/guardian of the above student, I grant permission for him/her to participate in the above Field Trip/Out of School absence. I understand that the field trip advisor will be responsible for the above student until he/she returns to school.

(Print Parent Name) (Parent Signature) (Date) (Contact Phone)

TEACHER PERMISSION

Please indicate your permission for this student to be absent from your class on the above date/time by signing (ink) in the appropriate space below. You may deny the privilege of a student attending a Field Trip because of unsatisfactory class performance or absence by printing "NO" and your initials in the appropriate class period. One "NO" response and the student is not permitted to attend the Field Trip.

Period 1 _____XXXXXXXXXXXXXXXXXXXX

Period 5 _____XXXXXXXXXXXXXXXXXXXX

Period 2 _____XXXXXXXXXXXXXXXXXXXX

Period 6 _____XXXXXXXXXXXXXXXXXXXX

Period 3 _____XXXXXXXXXXXXXXXXXXXX

Period 7 _____XXXXXXXXXXXXXXXXXXXX

Period 4 _____XXXXXXXXXXXXXXXXXXXX

Period 8 _____XXXXXXXXXXXXXXXXXXXX

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Additional Health History/Information:

Allergies:

- ☐ No known allergies
- ☐ To foods: (list foods) _____
- ☐ To medications: (list medications) _____
- ☐ To the environment: (stings, bites, hay fever etc.) _____
- ☐ Other allergies: (list) _____

Diet, Nutrition:

- ☐ Eats a regular diet
- ☐ Has a medically prescribed meal plan or dietary restrictions (please describe)

Mental, Emotional and Social Health: Please check "Yes" or "No" for each statement.

1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? Yes No
2. Been treated for emotional or behavioral difficulties or an eating disorder? Yes No
3. Seen a professional to address mental/emotional health concerns during the past 12 months? Yes No
4. Had a significant life event that continues to affect the student's life? Yes No
Please explain "Yes" answers here.

Restrictions:

- ☐ I understand the activities in which my child will be participating on the ski trip to Blue Mountain Ski Area and I feel they can participate without restrictions.
- ☐ I understand the activities in which my child will be participating on the ski trip to Blue Mountain Ski Area and I feel he/she can participate with the following restrictions or adaptations. _____

Do you feel that the student will require limitations or restrictions to activity while participating in the McCaskey Campus Ski and Board Club's trip to Blue Mountain?

- ☐ Yes Explain here.
- ☐ No

Parent/Guardian Signature: _____ Date: _____